

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/603,126
Filing Date	June 23, 2003
First Named Inventor	Seamans, Scott
Art Unit	3728
Examiner Name	Jila M. Mohandesi
Attorney Docket Number	040130-050100US

**ENCLOSURES (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawings -<br>Annotated: Fig. 1, Fig. 3, Fig. 5<br>Replacement: Fig. 1, Fig. 3, Fig. 5<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|---|--|--|
- ☐ Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

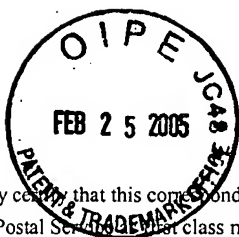
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	February 22, 2005	Reg. No.	38,464

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Connie Larson	Date	February 22, 2005



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Commissioner for Patents  
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Alexandria, VA 22313-1450

On Feb 22, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Luman

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Scott Seamans

Application No.: 10/603,126

Filed: June 23, 2003

For: BREATHABLE WORKSHOES  
AND METHODS FOR  
MANUFACTURING SUCH

Customer No.: 20350

Confirmation No. 9833

Examiner: Jila M. Mohandesi

Technology Center/Art Unit: 3728

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 17, 2004, please enter the following amendments and remarks:

**Amendments to the Specification** begin on page 2 of this paper

**Amendments to the Claims** are reflected in the listing of claims which begins on page 4 of this paper.

**Amendments to the Drawings** are included in the replacement sheets attached following page 8 of this paper.

**Remarks** begin on page 9 of this paper.